Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08) Approved for use through 11/30/2011, OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	Application Number	09/497,383		
	Filing Date	02-03-2000		
	First Named Inventor	David L. Bahr		
	Art Unit	2443		
	Examiner Name	NEURAUTER, George C.		
	Attorney Docket Number	7204		

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Please withdraw me as attorney or agent for the above identified patent application, and									
all the practitioners of record;									
the practitioners (with registration numbers) of record listed on the attached paper(s); or									
the practitioners of record associated with Customer Number: 826									
NOTE : The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.									
The reason(s) for this request are those described in 37 CFR:									
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 1 0.40(b)(4)									
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)									
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)									
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:									
Certifications									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.									
1. / I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.									
2. / I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.									
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.									
Please provide an explanation, if necessary:									

[Page 1 of 2]

[rage 1 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 80x 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS										
Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.										
Change the correspondence address and direct all future correspondence to:										
A. The address of the inventor or assignee associated with Customer Number:										
OR										
B. Inventor or Assignee name eWebHealth, Inc.										
Address 55 Walkers Brook Drive, Suite 300										
City Reading		State MA	Zip 01867			Country US				
Telephone 866.644.3932			Email GAbatjoglou@ewel		ebhealt	ebhealth.com				
I am authorized to sign on behalf of myself and all withdrawing practitioners.										
Signature										
Name Dane A. Baltick				Registration No. 55,274						
Address 1201 West Peachtree Street, One Atlantic Center										
City Atlanta		State GA	Zip 303	Zip 30309-3424 Co		ountry US				
Date			Telepho	Telephone No. 404.881.7000						
NOTE: Withdrawal is effective when approved rather than when received.										

[Page 2 of 2]

[Page 2 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.